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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

06/16/2004

VERTEX PHARMACEUTICALS INC.
130 Waverly Street
Cambridge, MA 02139-4242

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Karen DiRocco (Depositor's name)
Karen DiRocco (Signature)
September 16, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/941,282	08/28/2001	Pravin Chaturvedi	VPL/01-119	8388

TITLE OF INVENTION: OPTIMAL COMPOSITIONS AND METHODS THEREOF FOR TREATING HCV INFECTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/16/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
ANDRES, JANET L		1646	514-002000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed:

Michael C. Badia
Vertex Pharmaceuticals
Incorporated

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Vertex Pharmaceuticals Incorporated**Cambridge, Massachusetts 02139-4242**

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee
☒ Advance Order - # of Copies **10 (Ten)**

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-0725** (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

*Michael C. Badia***Reg. No. 51,424****9/16/2004**

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01 FC:1501 1330.00 DA
02 FC:1504 300.00 DA
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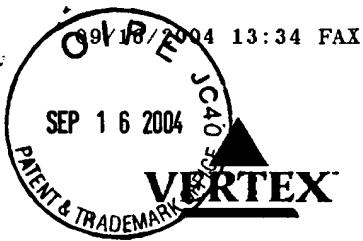
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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 2/3 * RCVD AT 9/16/2004 2:31:28 PM [Eastern Daylight Time] * SVR:USPTO-EFXXF-2/3 * DNIS:7464000 * CSID: * DURATION (mm-ss):02-02



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Fax Message

TO:	Examiner Janet L. Andres
APPLICATION NO.:	09/941,282
CONFIRMATION NO.:	8388
FAX:	(703) 746-4000
FROM:	Michael C. Badia
DATE:	September 16, 2004
SUBJECT:	Attorney Docket No. VPI/01-119 US
TOTAL # OF PAGES:	3

Message or Comment:

Attached are the following documents:

1. Issue Fee (in duplicate).

The Commissioner is hereby authorization to charge deposit account 50-0725 in the amount of \$1,330.00 to cover the cost of the Issue Fee.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any documents referred to as attached hereto, is being transmitted to the United States Patent and Trademark Office, Facsimile Number: (703) 746-4000 on this 16th day of September 2004.

Karen DiRocco

If any problems occur with this fax transmittal, please call (617) 444-6467 immediately.

FAX Number (617) 444-6483 Legal Department

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